| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | ´ | | 11-21-00 |
| FORMALITY REVIEW | M.D | JC955 | 12/18/00 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✔ ............................ Rejected | N ............................... Non-elected | |
| = ............................ Allowed | I ............................... Interference | |
| — (Through numeral)... Canceled | A ............................... Appeal | |
| ÷ ............................ Restricted | O ............................... Objected | |



If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)